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CONFIRMATION NO. 6266

Bib Data Sheet

|                             |  |              |                        |                                  |
|-----------------------------|--|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/624,963 | FILING OR 371(c)<br>DATE<br>07/21/2003<br>RULE | CLASS<br>433 | GROUP ART UNIT<br>3732 | ATTORNEY DOCKET NO.<br>BI9068CON |
|-----------------------------|--|--------------|------------------------|----------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/445,947 08/29/2000 PAT 6,616,451 which is a 371 of PCT/US98/12836 06/19/1998 which claims benefit of 60/050,343 06/20/1997

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None RL*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

01/30/2004

\*\* SMALL ENTITY \*\*

|                                 |  |                  |                |              |                    |
|---------------------------------|--|------------------|----------------|--------------|--------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | CA               | 2              | 115          | 4                  |
| Verified and Acknowledged       | <i>RL</i><br>Examiner's Signature  | Initials         |                |              |                    |

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## TITLE

Electromagnetic radiation emitting toothbrush and dentifrice system

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|-----------------------------|---|---|
| FILING FEE RECEIVED<br>3822 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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